

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212547938			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE HERMITAGE FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VB BUSINESS SERVICES LLC 500 WORLD TRADE CENTER NORFOLK, VA 23510</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: 00446849</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 7637 NORTH SHORE ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NORFOLK, VA 23505</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ROBERT E. GARRIS TITLE: PRESIDENT ADDRESS: 6120 EASTWOOD TERRACE CITY/ST/ZIP/CO: NORFOLK, VA 23508 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT E. GARRIS TITLE: PRESIDENT ADDRESS: 6120 EASTWOOD TERRACE CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	BENJAMIN COTTRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1531 BLANFORD CIRCLE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	HENRY U. HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	999 WATERSIDE DRIVE		
CITY/ST/ZIP/CO:	SUITE 800 NORFOLK, VA 23510		
NAME:	BARBARA HAMM LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3625 MONTGOMERY STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23513		
NAME:	NANCY MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1536 BLANFORD CIRCLE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	JENNIFER MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	407 W. BUTE STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	CHRISTINE G NEIKIRK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5336 EDGEWATER DR		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		
NAME:	NANCY NUSBAUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1321 CLONCURRY RD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	TRISH PFEIFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	935 SHIRLEY AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507		
NAME:	KERRI STOKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 CLONCURRY ROAD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	JIM VALONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1423 RUNNYMEADE ROAD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	OLIN WALDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2424 COURTHOUSE DRIVE		
CITY/ST/ZIP/CO:	BLDG. 18A VA BEACH, VA 23456		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX ERVING DIRECTOR 633 CONNETICUT AVE NORFOLK, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE ROADY DIRECTOR 1011 MANCHESTER AVE NORFOLK, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven Blashfield DIRECTOR 15001 WOOFERTON DRIVE MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MELANIE LEIGH MATHEWES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MELANIE LEIGH MATHEWES, EXECUTIVE DIREC PRINTED NAME AND CORPORATE TITLE	12/12/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			